

SECRET

SAPC No - 20145
Copy 2 of 6

8 October 1957

**The Perkin-Elmer Corporation
Main Avenue
Norwalk, Connecticut**

RE: Contract SC 21-54

Gentlemen:

Enclosed is a cashier's check numbered M32435, dated October 4, 1957, drawn on The National Bank of Washington in the amount of \$7,669.12, which represents payment of your invoices numbered 9693 and 9694.

Very truly yours,

Doug

Enclosure: Check No. M32435

Distribution:

- 0 & 1 - Addressee (w/att)
- 3 - Contract SC 21-54 (Finance)
- 4 - OCTROI Master
- 5 - Finance Reading
- 6 - Chrono

EB/mlp

SECRET

SAPC - 19972

Copy 2 of 5

2 October 1957

MEMORANDUM FOR: Finance Division, Accounts Branch

THROUGH : Monetary Branch

SUBJECT : Disbursement by [] Check

1. It is requested that a [] check be drawn in the amount of \$7,669.12 in favor of the Perkin-Elmer Corporation. The payment represents reimbursement to the claimant for the manufacture of certain items for Project AQUATONE. The check should be sent to Room 524, 1717 H Street, N. W., for delivery to the payee.

2. For your protection in taking this action, I certify that there are in the custody of the Project Comptroller, invoices and related documents which are consistent with the contractual agreement which have been approved by an appropriate approving authority and certified by an authorized certifying officer in the total amount of \$7,669.12. The expense is properly chargeable as follows:

DR: 600.1-X-175-10 (09) \$7,669.12

CR: Cash \$7,669.12

Obligation Reference No. 5023

[]
Authorized Certifying Officer
Project Comptroller
2 October 1957

PAID
M 32435
OCT 1 1957

SAPC - 19972
Copy 3 of 5

2 October 1957

MEMORANDUM FOR: Finance Division, Accounts Branch

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Authorized Certifying Officer
Project Comptroller
2 October 1957

Distribution:

- 0 & 1 - Addressee
- 3 - Contract SC-21-54 (Fin)
- 4 - OCTROI MASTER
- 5 - Chrono

[] / aer: 2 October 1957

D. O. Vou. No.

Bu. You. No.

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., *Payee's Account No.*

To The Perkin-Elmer Corporation
(Payee)

Main Avenue **Norwalk, Connecticut**
 (Address) (City) (State)

(For use of Paying Office)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUANTITY | UNIT PRICE | | AMOUNT | |
|--|-----------------------------|--|----------|------------|-----|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Discount Terms INVOICE NUMBERS | | | | | |
| | | 5693 | | | | \$4,060 | 12 |
| | | 5694 | | | | 3,609 | 00 |
| PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/> | | | | | | | |
| Use continuation sheet(s) if necessary | | | | | | | |

PAYMENT:

Complete ☐

Partial ☐

Final ☐

Use continuation sheet(s) if necessary

| | | | | | |
|--------------|----|--------|--------------------|---------------|----|
| Shipped from | to | Weight | Government B/L No. | Total \$7,669 | 12 |
|--------------|----|--------|--------------------|---------------|----|

I certify that the above bill is correct and just and that payment therefor has not been received.

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences

Account verified; correct for

(Signature or initials)

| Per _____ | Title _____ |
|-----------|-------------|
|-----------|-------------|

| | | | | | | |
|--------------|----------|------|---|----------|------|----------------|
| Contract No. | SC-21-54 | Date | • | Req. No. | Date | Invoice Rec'd. |
|--------------|----------|------|---|----------|------|----------------|

STAT want to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

STAT
STAT

**SIGN
ORIGINAL
ONLY**

† -----

| | | |
|--------------|-------|---|
| Title | _____ | / |
|--------------|-------|---|

Date _____

(APPROVING THE NEWS)

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

[illegible]

Paid by { Check No. _____ dated _____, 19____, for \$ _____ { on Treasurer of the United States in
Cash, \$ _____, on _____, 19____. Payee _____ { favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____" and over his official title.

Per

Title

Standard Form No. 1084—Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

Page 1 of 1

U. S.
(Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To **The Perkin-Elmer Corporation**
(Payee)

Main Avenue Norwalk, Connecticut
(Address) (City) (State)

PAID BY

(For use of Paying Office)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|-----------------------------------|-----------------------------|---|----------|--------------------|-----|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | INVOICE NUMBERS | | | | | |
| | | 5693 | | | | \$4,060 | 12 |
| | | 5694 | | | | 3,609 | 00 |
| PAYMENT: | | Use continuation sheet(s) if necessary | | Total | | \$7,669 | 12 |
| Complete <input type="checkbox"/> | | | | | | | |
| Partial <input type="checkbox"/> | | | | | | | |
| Final <input type="checkbox"/> | | | | | | | |
| Shipped from | | to | Weight | Government B/L No. | | | |

I certify that the above bill is correct and just and that payment therefor has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences

Date *Payee
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Account verified; correct for

(Signature or initials)

Per Title
Contract No. **80-21-34** Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

†
(Authorized Certifying Officer)

By
SIGN ORIGINAL ONLY

Title
(Contracting Officer)

Title
(Approving Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

| Appropriation, limitation, or project symbol | Appropriation title | | | | Limitation of Amount | Appropriation Amount |
|--|---------------------|------------------------|--------------|--------|--------------------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Allotment symbol | Amount | Obligations liquidated | COST ACCOUNT | | OBJECTIVE CLASSIFICATION | |
| | | | Symbol | Amount | Symbol | Amount |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Paid by { Check No. dated 19.... for \$ } on Treasurer of the United States in favor of payee named above.
{ Cash, \$ on 19.... Payee }
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title

Per
Title

THE PERKIN-ELMER CORPORATION

MAL. AVENUE, NORWALK, CONNECTICUT

TELEPHONE: VICTOR 7-2422

COPY 1 2

| | | | | | | |
|----------------------|----------------|---------------------------|-----------|---------------|---------------|--------------|
| CUSTOMER CODE 033 | CUST. REQ. NO. | CUSTOMER ORDER NO. & DATE | QUOTE NO. | NO. INV. 3 | DATE RECEIVED | DATE ENTERED |
|----------------------|----------------|---------------------------|-----------|---------------|---------------|--------------|

SHIP TO

THE PERKIN-ELMER CORPORATION
PROJECTOR DIVISION
P.O. BOX 68 - RIDGEWAY STATION
STAMFORD, CONNECTICUT

(007) 000

BILL TO

INTERNATIONAL SURVEY CORPORATION
% MR. JOHN R. SCHOEMER JR.
220 EAST 42ND STREET
NEW YORK, NEW YORK

SPECIAL MARKINGS

SUBJECT TO RENEGOTIATION

YES NO

SALES ORDER NO.

REQUESTED DELIVERY

ESTIMATED DELIVERY SCHEDULE

INVOICE NO.

5693

INVOICE DATE

DATE SHIPPED

2-26-57

TERMS: 30 DAYS NET - NO CASH DISCOUNT

| | | | | | | | |
|----------|------------|------------|---|-------|---------|----------|---------|
| SHIP VIA | PPD - COL. | SHOW CHGS. | F.O.B. SELLER'S FACTORY, UNLESS OTHERWISE SPECIFIED | S. C. | PARTIAL | COMPLETE | CHARGES |
|----------|------------|------------|---|-------|---------|----------|---------|

| ITEM NO. | QUAN. TTY | PART NO. | CODE | DESCRIPTION | UNIT PRICE | ITEM NO. | QUAN. SHIPPED | AMOUNT |
|----------|-----------|----------|-----------|---|----------------|------------|---------------|----------------|
| | | | | AMOUNT BILLED FOR ITEMS PREVIOUSLY DELIVERED | | | | \$2,843,465.78 |
| | | | | INVOICE NO. 05693 | | | | |
| | | | | CONTRACT ITEM NO. | HYCON ITEM NO. | UNIT PRICE | | TOTAL |
| | 98 | | 2.3.4.2.2 | 2 PRODUCTION SPARES | 53.00 | | | 106.00 |
| | 117-A | | 3.10.2 | 115 PRODUCTION SPARES | 134.75 | | | 15,496.25 |
| | 186 | | 5.1.1 | 3 PRODUCTION SETS | 125.00 | | | 375.00 |
| | 256 | | | 3 DRIVE ASSEMBLIES | 1,500.00 | | | 4,500.00 |
| | 256 | | | 4 TOP COVER ASSEMBLIES | 118.80 | | | 475.20 |
| | 256 | | | 3 SUPPORT ASSEMBLIES | | | | |
| | | | | ROCKING | 220.00 | | | 660.00 |
| | 259 | | | 5 PRODUCTION UNITS | 1,200.00 | | | 6,000.00 |
| | 262 | | | 7 PRODUCTION MODELS | 2,500.00 | | | 17,500.00 |
| | | | | TOTAL AMOUNT BILLED FOR ITEMS DELIVERED | \$2,888,578.23 | | | \$45,112.45 |
| | | | | LESS: LIQUIDATION OF PROGRESS BILLING AT 91% | 2,628,606.18 | | | |
| | | | | | \$ 259,972.05 | | | |
| | | | | LESS: AMOUNT BILLED ON OUR PREVIOUS INVOICES: | 255,911.93 | | | |
| | | | | AMOUNT DUE ON THIS INVOICE..... | | | | \$ 4,060.12 |

This is to certify that the items listed above have been delivered.

HYCON MFG. COMPANY

APPROVED BY

FEB 27 1957

PLEASE PAY LAST AMOUNT

SECRET

SAPC-19930
Cy / of 4.

1 October 1957

MEMORANDUM TO : Project Comptroller

SUBJECT : Transmittal of Invoice #05693

Transmitted herewith for your necessary action and filing
is Invoice #05693 dated 2/26/57 which has been signed by

ATTACHMENT:
Inv #05693

Director of Materiel
PS/DCI

SECRET

TELEPHONE: VICTOR 7-2422

14075

1012

FORM FA-3B

SAPC 14077
COPY 1 OF 2

February 27, 1957

George:

Enclosed is our invoice 05694 covering the fee for
coordination services under Item 184 of Contract SC 21-54.

Invoice 05693 shows the basis for this invoice in detail.

25X1

RVK:hm

Enclosure

